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an

Inaugural Dissertation

on

Chronic Dysentery

for

The degree of Doctor of Medicine  
In the University of Pennsylvania

By

William G Adams

of

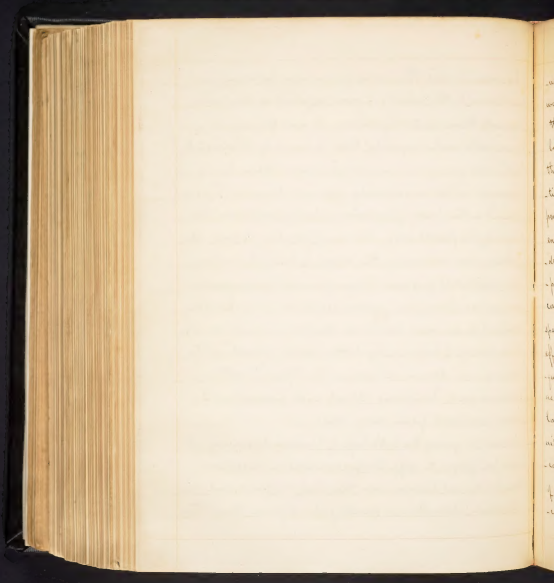
South Carolina

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In warm climates there is no disease more distressing and troublesome to the patient, or more difficult in the management than acute Dysentery. It runs through its course with such rapidity that it can only be arrested by the most prompt and rigorous remedies. When badly managed it not infrequently passes into Chronic Dysentery. It is this form of Dysentery which constitutes the subject of the present essay. Chronic Dysentery is never idiopathic; it is invariably the sequel of Acute Dysentery. What denotes its presence? When fever and immediate danger are absent, and active depletion is no longer demanded, we may conclude the case is chronic. The stools consist of more or less loose faeces mixed with mucus and serum or blood, or the three together. Tenesmus and cramps attend each evacuation. In deed constant pain may exist.

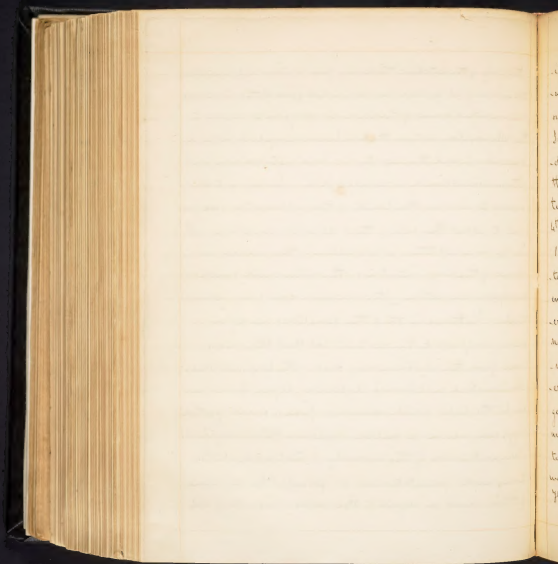
Previous to giving the pathology of Chronic Dysentery, it will be proper to refer to appearances on dissection. The colon and rectum are the chief sufferers, and are inflamed, ulcerated, or mortified. Often than other



wise, according to O'Leary, the lower part of the small intestine was inflamed. The liver, in most dissections that came under the care of Moser within the tropics, was affected, and had been found "in every stage of inflammation from a blush on the peritoneal coat up to gangrene". While O'Brien a practitioner in Ireland declares that he generally found it perfectly sound. Scybala, Moser rarely met with. On their existence Dr. Bullen founds his pathology. Says he "hardened faeces retained in the colon are the cause of the griping" &c. that "the proximate cause consists in a preternatural constriction of the colon, occasioning at the same time those spasmodic efforts which are felt in severe gripings, and which efforts propagated downwards to the rectum occasion the frequent mucus stools and tenesmus". He also adds, "The secretions are so small that they may be supposed to proceed from the lower parts of the rectum only". As dysentery does often exist without the formation of scybala, if we can credit the declaration of Moser, Dr. Bullen's pathology, without the necessity of any other evidence on our part, at once falls. Moser accounts for scybala not by constriction or spasm, but thus

the first of the month the wind shifted to the south  
and the temperature rose to 70 degrees. The  
sun was shining brightly and the water was calm.  
We went out in the morning and found the  
water very warm. The fish were all  
about the surface and the birds were  
in the air. The wind was light and the  
sky was blue. The water was very  
warm and the fish were all about the  
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"the coats of the intestine thickening from previous inflammation, the calibre of its passage was diminished; but as the tendinous & ligamentous bands of the colon did not yield so readily to the inflammatory action, the tube became irregularly bossed & pushed up, and the ingesta in some instances were pent within and assumed a rounded form". Leaving it to the reader to discern the beauty of this explanation, we proceed to assert the belief that dysentery consists in nothing more or less than inflammation of the mucous membrane of the large intestines; the deteriorated secretions and spasmodic action of the muscular coat being induced thereby. Furthermore that the secretions are by no means confined to the rectum, but that they may come from the whole or any part of the large intestines. The practice in chronic dysentery, before it was aided by the light which emanates from a correct pathology, can receive no milder appellation than empirical. The great cause of the diversity of treatment, at this time, among practitioners is perhaps the difference of their views in regard to the *modus operandi* of med





iences. It would be an unprofitable task, indeed, to enumerate the various methods of governing this disease. We can only propose the one we deem most appropriate.

In the treatment of chronic dysentery, what are the indications to be answered? 1<sup>st</sup> To subdue inflammation of the mucous membrane. 2<sup>nd</sup> To relieve tenesmus and tumours, when required. 3<sup>d</sup> To guard against constipation. 4<sup>th</sup> To improve the general health.

1<sup>st</sup> To subdue inflammation of the mucous membrane. To attain this end, the antiphlogistic regimen must be strictly enforced. Moser goes so far as to say that "while the excrements continue tinged with blood, the lancet should not be sheathed". If there is pain and soreness in the abdomen, and the pulse hard, we may certainly resort to venesection, and repeat it, if thought necessary. If, however, general bleeding is inadmissible, we may substitute cups and leeches, to be applied over the abdomen. The diet is to be of the simplest kind, such as the slippery elm, barley water, flaxseed tea &c. Absolute rest is all important. This treatment, I am informed by Dr. Holt, resident

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Physician and Surgeon of the Almshouse, proves very effective. Would not the blue pill, by its power to regulate the circulation and restoring impaired & suppressed secretions, prove a valuable auxiliary to the above simple remedies by giving greater stability to the cure. In conjunction with the slippery elm, it was of great benefit to Dr. Mitchell in some very bad cases - and speedily accomplished a cure in all - one, to use his own language, that "withstood the subsequent use of strong food and much exposure to the weather." So high an encomium upon its utility comes from such authority sure to be warranted as in giving it a fair trial. He prescribed it in from 3 to 5 grs. doses once in the 24 or 48 hours. In this as in every other disease, the habits of the patient must be taken into consideration. If he has been accustomed to a liberal use of ardent spirits or of any stimuli whatever, they should not be suddenly withdrawn, because there is danger of his falling into a typhoid condition. By acting in conformity with the remedial measures already reported, we gently drive



the morbid secretions, in a majority of instances, in as much  
as they are dependent on an inflamed mucous surface. But  
if, as is often the case, their continuance is more owing to  
habit than any thing else, we may prescribe astringents which,  
in some constitutions worn down and shattered by immoder-  
ate and excessive indulgences, seem to be the only means  
of arresting them. A mixture of sulphur, zinc & alumina  
the super acetate of plumbi and doctus Simaroubae are  
among, of not the best remedies. The mineral acids, of which  
the sulphuric is perhaps the best, with a decoction of cin-  
chona, to which may be added cammaratives, will be found  
highly serviceable. The greatest danger to be apprehended  
in their employment is the constipation which they may  
produce. Hence we should particularly attend to the state  
of the bowels during their administration. If the secretion  
part be the rectum or sigmoid flexure, astringent ace-  
tates may be used with advantage. The question imme-  
diately occurs, how are we to ascertain this? We admit that  
it is impossible to pronounce with certainty. The consid-  
eration we enjoy is that so far from doing us any harm,

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assist in the cure, whether or not they fulfil the particular indication for which they were given. Owing to the acrimony of the secretions, the anus is frequently inflamed & excoriated. Some mild ointment may be spread over the injured surface, & the patient may pass his faeces in a tub of cold or warm water, the former recommended by Dr Robert Jackson & the latter by Garfield. The patient is sometimes treated with mercury. Here the chloretide nature is to be preferred.

Int To relieve tormina and tenesmus, when required these are decidedly the most distressing and unpleasant attendants of this complaint. To deprive pain of its venting as well as to secure sleep, opiates are administered. Anodyne enemata consisting of Opium and the mucicaps are perhaps preferable. Opium must not be employed more lavishly in this disease than absolute necessity dictates. An injection of one half a pint to three gills of melted butter, without salt and per se is sweet, constitutes one of the best remedies to allay suffering and quell irritation. When necessary the patient is almost insupportable, & emollients to the abdomen is a





semicupium will probably affect relief.

4. To guard against constipation - which sometimes results when from the number of low stools which consist of little & nothing more than the morbid secretions the patient is inclined to think he is labouring under a diarrhoea. When the tongue is coated, and there are symptoms of disordered digestion, as manifested by capricious irritability &c, we may suspect constipation. To open the bowels, some mild laxative may be given, as castor oil or the neutral salts. We might recommend pulvis Rhei and in so doing would be supported by authority, but to its use bidden strongly objects. Says he "Rhubarb so frequently employed is in several respects a amongst the most improper purgatives". Whether this denunciation of it is based upon facts or proceeds from theoretical prejudices, we do not attempt to decide.

4th. To improve the general health. To answer best this end, we must pay particular attention to the digestive functions as well as the functions of the skin. After inflammation has been overcome, the strength of the diet may be increased and must be accommodated to the advances of the patient in recovery, commencing with beef tea, calves feet jelly and gradually,



ing on to stronger and more nutritious articles. The practitioner, we apprehend, will find little difficulty on this head and therefore minute directions may here be very well dispensed with. As the patient has generally a good appetite in chronic dysentery, it is an restriction him to live diet that the greatest obstacles will be encountered, for he will then be in direct opposition to our direct injections gratify his palate with the most stimulating and injurious substances. Hence one of the chief causes of relapse. Heating drinks, immoderate exercise, exposure to cold or unpleasant weather tend to the same end. Henschel exercise is recommended, but we should think it would be best to commence with a carriage, as the exercise is milder. To restore the functions of the skin as well as to divert action from the intestines, the warm bath must be taken three or four times a week, and followed by the flesh brush each time.

The essential service derived from the flannel roller around the abdomen is beyond all doubt. Its operation is that of a compress and supporter of the bowels. It is advised by some to clothe the patient in woolen from head to foot. At all events he must be kept warm. Such is the treatment we would propose in chronic



dysentery as it usually occurs, but it is frequently prolonged by causes which we have yet mentioned. What are these causes?

1<sup>st</sup>. Incuriation or ulceration of the mucous coat. 2<sup>nd</sup>. Inflammation in the liver,omentum or mesentery &c. 3<sup>rd</sup>. Enlarged mesenteric glands.

1<sup>st</sup>. Incuriation or ulceration of the mucous coat. The evacuation of pus is one of the best tests of this state of the intestine. It is necessary to the restoration of lost parts. It is probable that the feces meet with greater resistance in this than in any other form of chronic dysentery, owing to the excruciating pain which they give in passing over an abraded surface - hence we should guard against their accumulation. The pain during the discharge is chiefly in the direction of the transverse colon and sigmoid flexure, as might be supposed from their relative situation. Pus may accumulate in the liver, omentum or mesentery and burst through the coats of the intestines and be discharged per anum. Hence, then, are we to determine whether it comes from one of these or from the intestines. If from the liver, it is likely there may have been pain in the right or left hypochondriac region, but what is more truly indicative



active is that it flows suddenly in great quantities and slowly ceases. In an action of the latter, there is pretty much the same diagnosis. In addition, an abscess in the mentum, mesentery or liver is preceded by rigors and accompanied by hectic fever. Whenever there is great tension in the rectum, ulceration may be expected. What is the most appropriate treatment? Our great reliance must be placed upon astringents. By Dr Robert Jackson, burnt alum and gum arabic (15 grs each made into pills - 5 or 6 pr. in each as a dose every hour) are recommended. We know of no astringent better than sub-phosphate of zinc. The bowels are to be kept open and Dr Jackson is partial to kinaure of Hygie and gives as a purge. To correct the fetor of the stools, charcoal may be given per os annuque. If the suppurating surface be within reach - astringent enemata, we may avail ourselves of their aid. To determine this, there is no safe and unerring criterion. But we have reason to believe that the sigmoid flexure from its position is almost invariably involved in the suppurating process. The diet is to be unoffending, such as the mucilage of Gum Arabic &c. The warm bath may be used &c.

2<sup>nd</sup> An abscess in the liver, mentum or mesentery. In such





a state of things, the condition of our patient is deplorable, and upon death we may calculate. Here there is great prostration of strength, hectic fever, and not the slightest susceptibility to the action of mercury. All we can do is to palliate the attendant hectic, to accomplish which Opium is our grand resource. The patient goes off with cold sweats, colliquative diarrhoea &c. When we discover the liver to be diseased, it will perhaps be best to institute an alterative course of mercury, and to obtain all the advantages of a perpetual blister over the Hypochondrium.

3<sup>d</sup>. Enlarged mesenteric glands. We are to rub mercurial ointment over them so as to produce absorption of the swollen parts.

If dysentery be complicated with intermittent fever, the latter should be neglected, till the former is cured.

Before concluding, it will be correct to notice the prognosis. If the morbid secretions are lessening, the powers resuming their natural consistence, the digestive functions regaining their vigor, and the usual warmth and moisture of the skin returning, we may anticipate a happy issue; but-



if the reverse exists, attended by oedema of the extremities  
and face, the case wears a fatal aspect.

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